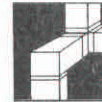


MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System ☐ Conversion ☐ Replacement
Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____
Type: ☐ Hydronic ☐ Hot Air
Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required		Gas Piping	_____	_____	_____	_____
<input type="checkbox"/> Bldg.	<input type="checkbox"/> Plumb.	Appliance	_____	_____	_____	_____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Elevator	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Fire	<input type="checkbox"/> Mech.	Oil Piping	_____	_____	_____	_____
PLANS APPROVED		Oil Tank	_____	_____	_____	_____
Date: _____		LPG Tank	_____	_____	_____	_____
Approved by: _____		Hydronic Piping	_____	_____	_____	_____
SUBCODE APPROVAL		Fireplace	_____	_____	_____	_____
<input type="checkbox"/> CA	<input type="checkbox"/> CCO	Chimney Cert.	_____	_____	_____	_____
Date: _____		Other _____	_____	_____	_____	_____
Approved by: _____						

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
	\$ _____
TOTAL FEE	\$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____